

## **HUMAN SERVICES DEPARTMENT[441]**

### **Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

The Health Care and Education Reconciliation Act of 2010 (HCERA), Section 1202 (Public Law 111-152) (42 U.S.C. § 1396a(a)(13)(C)), requires that state Medicaid programs increase payments to primary care specialties specified under Section 1202 of the Act. In particular, HCERA identifies the following specialty designations: “family medicine,” “general internal medicine,” and “pediatric medicine.” The payment requirement specifies that reimbursement must be “... at a rate not less than 100 percent of the payment under part B of title XVIII [Medicare].” Section 1202 of the Act also specifies the types of services that fall under this requirement. Those services include: (1) services designated as “evaluation and management” under the healthcare common procedure coding system (HCPCS), as of December 31, 2009 (and subsequently modified), which are current procedural terminology (CPT) codes in the (“evaluation and management”) range 99201-99499; and (2) services related to immunization administration, billed with current CPT codes 90460, 90461, 90471, 90472, 90473 and 90474.

Section 1202 of the Act also requires that these same changes be made for Medicaid managed care plans. In that regard, such changes are being effectuated by contract amendments with the current (and only) medical managed care plan administered by Meridian Health Plan. Beyond Meridian, there are no other managed care plans that would be affected. Because these changes are being addressed via contract amendment, there are no changes being made to managed care rules under 441—Chapter 88.

Section 1202 of the Act specifies that these increased payments are only to be in effect for calendar years 2013 and 2014.

Final regulations promulgated by the Centers for Medicare and Medicaid Services (CMS) allow for two criteria to identify the applicable practitioners meeting the requirements of Section 1202 of the Act:

1. The first method is board certification by the national specialty boards applicable to each specified group (i.e., the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA)).

2. The second method is claims history of at least 60 percent of a given practitioner’s Medicaid claims attributable to the primary care services (i.e., procedure codes) specified under Section 1202 of the Act.

Providers must certify that they meet one or both of these criteria.

These amendments were also Adopted and Filed Emergency and are published herein as **ARC 0585C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

Any interested person may make written comments on the proposed amendments on or before February 26, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to [policyanalysis@dhs.state.ia.us](mailto:policyanalysis@dhs.state.ia.us).

These amendments do not provide for waivers in specified situations because the amendments confer a benefit of increased payment to identified primary care providers specified under Section 1202 of the

Act. Requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, there is a potential for positive impact on private sector jobs. According to CMS, "the overall benefit of this rule is the expected increase in provider participation [in Medicaid] by primary care physicians resulting in better access to primary and preventive health services by Medicaid beneficiaries" 77 Fed. Reg. 66670 (Nov. 6, 2012). On that basis, there will be a positive impact on private sector jobs and employment opportunities for primary care physicians and associated personnel.

These amendments are intended to implement Iowa Code section 249A.4.